

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015428

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

77
FILED MAY 2 1963

Primary Registration District No. 3016

Registrar's No.

176

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If outside, give location) Rt. 3	
3. NAME OF DECEASED (Type or print) First Leonard Middle Sutton Last Sutton		4. DATE OF DEATH Month April Day 22 Year 1963	
5. SEX male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/10/1900
9. AGE (last birthday) 62		10. IF UNDER 1 YEAR Months 62 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY Union Electric	
11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME E. W. Sutton		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Florentine Sutton		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) no (If yes, give war or dates)	
16. SOCIAL SECURITY NO. 991		17. INFORMANT Florentine Sutton, Eldon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia DUE TO (b) Pneumonia small bowel DUE TO (c) Intestinal Obstruction caused by PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute gastroenteritis due to acute much room poisoning		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 3:30 a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Eldon, Mo.		20g. COUNTY Miller	
20h. STATE Mo.		20i. DATE SIGNED 4-24-63	
21. I attended the deceased from Apr 7 - 63 to Apr 22 and last saw him alive on Apr 22 - 1963 Death occurred at @ 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. O. O'Connor M.D. (Degree or title)	
22b. ADDRESS Jeff. City - Mo.		22c. DATE SIGNED 4-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/24/63	
23c. NAME OF CEMETERY OR CREMATORY St. Cecilia		23d. LOCATION (City, town, or county) Meta Mo.	
24. FUNERAL DIRECTOR Phillips Funeral Home		25. DATE RECD. BY LOCAL REG. 23-26 April 1963	
26. REGISTRAR'S SIGNATURE W. H. Richter, Jr.		27. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK

OR
TYPEWRITER RIBBON

MAY 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.